(d) The following steps have been taken to keep away the wild elephants from habitations:

i) Formation of anti-depredation squads

ii) Use of Kunkies (Trained Elephants)

iii) Installation of power fencing

iv) Habitat improvement of elephant reserves

v) Infrastructure development

Statement

Action taken to prevent movement of wild elephants within the tea gardens and villages under Amaribari Forest Range in Sonitpur district, Assam

(i) The Range level and Beat level committees have been formed. The wild elephants are driven out with help of local committees and hired kunkies (Trained Elephants).

(ii) Anti elephant depredation squads have been formed in the tea gardens and revenue villages.

(iii) Temporary camps comprising of forest prescnnel, local villagers have been set up to carry out anti elephant depredation drive.

(iv) Public awareness meetings are organized to mitigate the man elephant conflict.

(v) Wireless facilities have been installed at Divisional Headquaters, all Ranges and Beats for effective communication.

(vi) Plantation of folder species have been taken up for habitat improvement under Central Sponsored Scheme "Project Elephant".

Health care for ail

*344. SHRI C. PERUMAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any target for taking health care to all parts of the country has been fixed;

(b) if so , the details thereof; and

(c) whether Government are aware that CN's health committee and Escorts Heart Institute have conducted a study and found that Rs 1 lakh cores will be required for 'Health-care for All project?

THE MINISTER OF STATE IN THE MINISTRYOF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKALAKSHMI): (a) and (b) The National Health Policy, 2002, laid down the main objective as achieving an acceptable standard of good health amongst the general population of the country. This was targeted to be achieved by establishing new infrastructure in deficient area and by upgrading infrastructure in the existing institutions. Taking into account the gap in health care facilities, National Health Policy, 2002, envisages an increase in health sector expenditure to 6% GDP with 2% of GDP being contributed as public health investment by the year 2010.

The National Common Minimum Programme of the Government has also focused attention on increasing public investment in health. It is proposed to increase the expenditure in the health sector to the level of 2-3% of the GDP by increased contributions from the Central and State Governments.

Towards this end, the Government has launched a National Rural Health Mission, which seeks to provide effective health care to rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure. The main objective is to provide accessible, affordable, accountable, effective and reliable health care, especially to poor and vulnerable sections of population with the ultimate objective to achieve Population Stabilization Programme in the high fertility states of the country. Under the strategy of NRHM, the gap in the existing scenario of rural health care is to be addressed through 2.5 lakh Accredited Social Health Activists (ASHA) to assist the Anganwadi Worker and ANM at village level to make the increased health services accessible to the rural people of the country. It is also proposed to upgrade CHCs to the level of India Public Health Standards (IPHS). NRHM has been launched for a period of 7 years (2005-2012) i.e. for two years of Tenth Plan and full Eleventh Plan.

(c) The Cll National Committee on Health Care commissioned Mckinsey and Company for a Study in the year 2002, to define an achievable way forward for health care. The study has concluded that changing demographics, diseases profile and rising treatment costs will cause spending on health care to more than double by 2012. To meet this increase in the demand for health care, improvement in infrastructure will require investments in hospitals, medical colleges, nursing schools and hospital management schools of Rs. 100,000 Crores to Rs. 140,000 crores over the next 10 years.

Accidents due to failure of safety norms and human errors

*350.SHRI RAJKUMAR DHOOT: Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that causes of accidents of trains are failure of giving due attention to rail safety and non-implementation fo safety norms.

(b) the details of train accidents in 2004 and 2005 due to failure of safety norms and by human error;

(c) what penalty is imposed to those employees who violate safety norms;

(d) how many persons-have been booked for non-implementation of safety norms during 2004 and 2005; and

(e) the steps taken by Government to ensure strict compliance of safety norms?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) No, Sir. Safety is the prime concern of Indian Railways and all possible steps are undertaken to prevent rail accidents.

(b) The cause wise details of consequential train accidents including those on account of human failure for the year 2003-04 and 2004-05 have been as under:—